

# The Family Court of the State of Delaware

## Request For a Transcript

Check appropriate box:

<input type="checkbox"/> Criminal Case Number(s)
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<input type="checkbox"/> Civil Case Number(s)
Petition Number(s)

Petitioner/Attorney's Name: (Person Requesting Transcript)
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Address:
Phone Number: (     )

1. **Name of Case:**  
(Petitioner's Name) \_\_\_\_\_  
(Respondent's Name) \_\_\_\_\_
2. Hearing Officer: \_\_\_\_\_
3. Date of Hearing: \_\_\_\_\_
4. I certify that I will pay all costs associated with the preparation of the transcript.
5. If requesting a portion of a transcript, please contact the Appeals Case Manager.
6. Pursuant to Family Court Civil Rule 90.3, only parties to the proceeding or their authorized attorneys shall be entitled to a transcript.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner/Attorney

**When your request is received, the cost of the transcript will be calculated based on the number of pages and you will be notified by mail advising you of the cost. Payment must be received within thirty (30) days from the date of the letter. Once payment is received, the transcriber will pick up the tape(s) for transcribing. This normally takes thirty (30) days to complete. When the Court receives the transcript back from the contractor, you will be notified.**

**This form is to be completed and mailed or hand-delivered to Family Court at the one of the addresses listed below to the attention of the Appeals Case Manager.**

☐ New Castle County  
500 N. King Street  
Wilmington, DE 19899  
(302) 255-0245

☐ Kent County  
400 Court Street  
Dover, DE 19901  
(302) 739-6526

☐ Sussex County  
22 The Circle  
Georgetown, DE 19947  
(302) 855-7444